BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

NECO 18.853

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			//					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II								SMALL E	:NTITV	OR	OTHER SMALL I	THAN
		(Column 1) CLAIMS		(Colui		(Column 3)	l r	JWALLE	ADDI-		SINALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF IM	JLTIPLE DEP	ENDEN	CLAIM		」	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		/Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. PEE	
AMENDMENT B	A CAN WE ARE	CLAIMS	A STATE OF THE	HIGH	IEST		1 [1	ADDI-	l 8		ADDI-
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	T CL AINA	<u> =</u>	┨╏	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUIPLE DEP	ENDEN	CLAIM		ا د	+135=	7	OR	+270=	
								TOTAL ADDIT: FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDI1.1 LL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CLAINA	=	11	X40=		OR	X80=	
	mnoi FRESE	INTATION OF MI	OLITE DE	LINDEN	CLAIM		1	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL ADDIT. FEE	
***	If the "Highest Nu	mber Previously P nber Previously Pa	aid For" IN THI	S SPACE	is less tha	ın 3, enter "3."			ropriate bo	ı		